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\*297SERBSF10,616\*

Site Name (Subject): SINGER CO/FURNITURE DIV SANFORD

Site ID (Document ID): NCD053490462

Document Name (DocType): Correspondence (C)

Report Segment:

Description: General Correspondence, 1980 - 1995

Date of Document: 8/22/1995

Date Received:

Box: *Enter SF and # with no spaces* SF10,616

Access Level: PUBLIC

Division: WASTE MANAGEMENT

Section: SUPERFUND

Program (Document Group): SERB (SERB)

Document Category: FACILITY

Print Report for  
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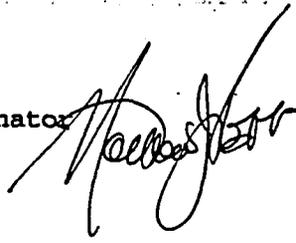
Go to New Record -  
(default to last  
record values)

Delete Record

1995 DATE: August 22, 1995

SUBJECT: REMOVAL FROM EPA'S CERCLIS INVENTORY

FROM: Matthew J. Robbins, Brownfields Coordinator  
Waste Management Division, Region IV



TO: SINGER CO FURNITURE DIV SANFORD  
133 A CHARLOTTE AVE  
SANFORD  
NC 27330

EPA has identified the Brownfields Initiative as one of the Agency's top priorities. The term "brownfields" refers to previously used properties that may lie vacant because potential contamination makes them unmarketable to the private sector. EPA has recently announced a comprehensive Brownfields strategy, including Pilot grants to municipalities, to stimulate economic revitalization.

One part of the strategy has been for EPA to review its complete inventory of Superfund sites. These sites have been screened and determined to require no remedial action under the Federal Superfund Program based on information available as well as on conditions and policies that currently exist. This is to notify you that EPA has removed your facility from EPA's computer inventory known as CERCLIS. THIS DOES NOT INDICATE THAT THE STATE HAS MADE A SIMILAR DETERMINATION.

If you have any questions, please call me at 404/347-5059 ext. 6214.

cc: State Agency



State of North Carolina  
Department of Environment, Health, and Natural Resources  
Division of Solid Waste Management  
P.O. Box 27687 · Raleigh, North Carolina 27611-7687

James G. Martin, Governor  
William W. Cobey, Jr., Secretary

William L. Meyer  
Director

21 December 1989

Mr. Eugene C. Hines, Jr.  
Health Director  
106 Hillcrest Drive  
P.O. Box 1528  
Sanford, NC 27331  
Courier 0333211

Re: Off-Site Reconnaissances	
Siemans-Allis Inc. Switchgear	NCD 067 428 821
Lee County Landfill	NCD 980 503 015
Pfizer Inc.	NCD 057 037 178
Singer Co. Furniture	NCD 053 490 462
Stanadyne Inc.	NCD 067 427 922

Dear Mr. Hines:

David Lilley of the NC Superfund Section spoke with you today to notify you that the EPA Field Investigation Team (FIT) will conduct off-site reconnaissances of the subject sites located in Lee County, NC. These reconnaissances will be conducted on 3-5 January 1990 by Gerald Milligan, Mike Profit, and Kenneth Sanders of NUS Corporation.

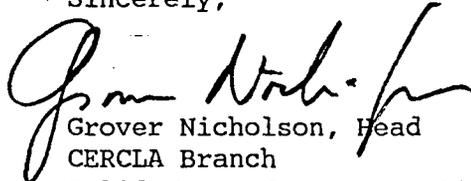
The purpose of these reconnaissances is to determine if the sites pose a hazard to public health or the environment because of releases of contaminants to soil, surface water, groundwater, or air. The investigation team will locate all nearby water supplies (surface and groundwater, community and private) and any close sensitive environments, schools and day care centers.

These reconnaissances are not emergency situations but are normal steps in the evaluation of all uncontrolled and unregulated potential hazardous waste sites in North Carolina. You may want to have your representative meet the investigation team at the sites. If so, please contact Gerald Milligan at 1-800-888-7710 and he will coordinate a meeting. I am enclosing background data on the sites for your information.

Mr. Hines  
12-21-89  
Page 2

If these reconnaissances indicate the need for future study of the sites, we will contact your office to advise. If you have any questions, please don't hesitate to call David Lilley or me at (919) 733-2801.

Sincerely,



Grover Nicholson, Head  
CERCLA Branch  
Solid Waste Management Division

GN/DL/db/site5doc.gn

Enclosures

cc: Gordon Layton  
Doug Holyfield  
Steve Reid  
Lois Walker  
Ann Rudd  
David Lilley  
File

FEDERAL  
TRIP  
NOTIFICATION  
& AUTHORIZATION

TODAY'S DATE: December 21, 1989  
PREPARED BY: David Lilley (Staff member filling out form)

SITE TRIP

DATE OF TRIP: January 3-5, 1990  
If trip date changed or cancelled note below:.....  
CHANGE OF DATE TO: \_\_\_\_\_ OR CANCELLED: \_\_\_\_\_

SITE NAME: Singer Co. Furniture Div. Sanf.  
NCD#: NCD 053 490 462  
REASON FOR TRIP: off-site reconnaissance

CITY: Sanford COUNTY: Lee

If Overnight trip, Hotel staying at: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

(Please list appropriate county health person to call to advise of trip)  
ENVIRONMENTAL SUPERVISOR OR  
HEALTH DIRECTOR TO CALL: Mr. Eugene C. Hines, Jr. TITLE: Health Director  
(Note if Dr., M.P., etc.)

Telephone Number: (919) 775-3603

Project Team Leader: Kenneth Sanders  
Assistants: \_\_\_\_\_

AUTHORIZED BY:

David B. Lilley  
CERCLA Unit Supervisor  
Notification Officer

ATTACHMENT

TO NOTIFICATION FORM: 4 copies each of PRELIMINARY ASSESSMENT FORM (1st page only)  
NOTIFICATION FORM, & EPA TRANSMITTAL LETTER

Staff Notification Procedure: (Use black ink or Typewriter Only)

1. Above form goes to Data Management Coordinator (DMC) 10 days prior to trip
2. If date of trip changes - note changed date, or mark "X" if cancelled
3. DAY AFTER TRIP, submit to Lee Crosby a short paragraph on site trip.

NOTES:

HEALTH DEPT. OFFICIAL CONTACTED: Eugene Hines

BACK UP LETTER REQUIRED: Yes  No

notified Eugene Hines on 12-21-89.



1927 LAKESIDE PARKWAY  
 SUITE 614  
 TUCKER, GEORGIA 30084  
 404-938-7710

RECEIVED

DEC 22 1989

SUPERFUND SECTION

C-586-12-9-155

December 19, 1989

Mr. Grover Nicholson  
 Superfund Branch  
 North Carolina Department of Human Resources  
 Post Office Box 2091  
 Raleigh, North Carolina 27602-2091

Subject: Scheduled FIT Reconnaissance in North Carolina

Dear Mr. Nicholson:

The EPA Field Investigation Team (FIT) will be visiting the state of North Carolina during January 1990. FIT will be conducting offsite reconnaissance and gathering information to investigate the following sites:

<u>Date</u>	<u>EPA ID No.</u>	<u>Site Name</u>	<u>County</u>	<u>FIT Project Manager</u>
Jan. 3-5	NCD067428821	Siemans-Allis Inc. Switchgear	Lee	Gerald Milligan
	NCD980503015	Lee County Landfill	Lee	Mike Profit
	NCD057037178	Pfizer Inc.	Lee	Mike Profit
	NCD053490462	Singer Co. Furniture Div. Sanf.	Lee	Kenneth Sanders
	NCD067427922	Stanadyne Inc.	Lee	Kenneth Sanders
Jan. 9-11	NCD003220969	White Furniture Co.	Alamance	Terry Ryland
	NCD003185816	White Furniture Co.	Orange	Terry Ryland
	NCD991277757	N.C. Memorial Hosp.	Orange	Jonathan Hughes
	NCD084172188	Rogers - Triem Inc.	Orange	Jonathan Hughes
	NCD980557615	Univ. of N.C./Arpt. Rd. Old	Orange	Gerald Milligan

Please notify the appropriate local agencies. I appreciate your help in this matter.

Very truly yours,

*Joan J. Dupont*

Joan J. Dupont  
 North Carolina Coordinator

Approved:

*Robert Morris*

JJD/dwf

cc: Robert Morris

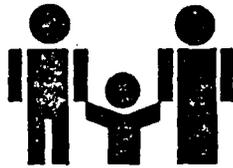
9 April 1984

TO: File

FROM: Lee Crosby

RE: USGS Map  
Singer Company Furniture Division  
Sanford  
NCD053490462

According to a 6 April 1984 telephone conversation with EPA 3012 Project Director Walton Jones, a U. S. Geological Survey map is not needed for the preliminary assessment file if the facility is included on the ERRIS list via HWDMS and there are no on-site spills or burials.



Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

March 28, 1984

Mr. Walton Jones  
EPA 3012 Regional Project Officer  
Air and Hazardous Materials Division  
U. S. Environmental Protection Agency  
345 Courtland Street, N.E.  
Atlanta, Georgia 30365

Subject: Preliminary Assessment Report

Celanese Corporation  
2400 Archdale Drive Charlotte, N. C. 28210 NCD093338116

Lenoir City Landfill  
904 Virginia Street Lenoir, N. C. 28645 NCD980557888

Singer Company/Furniture Division  
904 Virginia Street Lenoir, N. C. 28645 NCD000604322

Caldwell County Landfill  
NC Highway 90 Lenoir, N. C. 28645 NCD980557870

Singer Company/Furniture Division  
1409 West College Avenue Lenoir, N. C. 28645 NCD000604330

Singer Company/Furniture Division  
2424 Norwood Street (Hwy 3215) Lenoir, N.C. NCD062568035  
27330

Singer Company/Furniture Division  
133 A Charlotte Avenue Sanford, N.C. 27330 NCD053490462

Singer Company/Furniture Division  
Route 1, Gibson Avenue Bryson City, N.C. NCD098765506  
28713

Singer Company/Furniture Division  
State Road 1175 Chocowinity, N. C. 27817 NCD072012354

SCM Corporation/Glidden Coating and Resins  
3926 Glenwood Drive Charlotte, N. C. 28208 NCD093338119

Everhart Lumber Company  
Thurmond Road, State Road 1117 NCD003190584  
New Bern, N. C. 28560

Mr. Walton Jones

March 28, 1974

Page 2

Dear Mr. Jones:

Enclosed please find the Preliminary Assessment reports for the subject sites.

Based on our review of available data, Celanese Corporation, the Lenoir City Landfill, the Caldwell County Landfill and the subject Singer Company/Furniture Division plants are not hazardous waste sites and should be placed on the inactive ERRIS List.

Celanese Corporation/Fibers Research Division in Charlotte notified due to on-site burial between 1959 and 1962 of 900 cubic feet of filter pads containing small amounts of acetone and methylene chloride. According to the Celanese Environmental and Safety Supervisor, the filters were used while developing a new process; they were not used after 1962. The burial site is now covered with grass and no other wastes have been buried on-site. No further action is recommended for the Celanese Corporation site on Archdale Drive in Charlotte due to the low quantities and volatility of the solvents and the passage of more than 20 years since the site was last used for burial.

The Lenoir City Landfill was included on the ERRIS List due to a Singer Company notification for lacquer spray residues and lacquer spray sludge. Waste analysis data shows that no hazardous materials were discarded in the landfill with the exception of filler scrappings. The filler scrappings are hazardous by characteristic due to ignitability. Prior to 1960 standard solid waste disposal consisted of open burning at the landfill, as well as covering and mixing the waste with soil and other materials. This quantity of waste would no longer be ignitable given the methods of disposal. According to the Lenoir City Manager's office, the landfill was closed 25 years ago and is covered by vegetation. No further action is recommended for the inactive Lenoir City Landfill on Virginia Street in Lenoir.

The Singer Company/Furniture Division on Virginia Street in Lenoir, N. C. notification shows lacquer spray residues and lacquer spray sludge were discarded on property adjacent to (and purchased from) the Lenoir City Landfill. Waste characterization data for residues and sludges, as well as the filler scrappings reference for the Lenoir City Landfill in the preceding paragraph is applicable. Singer Company on site burial of ignitable materials was discontinued in 1976. No further action is recommended.

The Caldwell County Landfill is included on the ERRIS List as a result of a Singer Company/Furniture Division notification for lacquer spray residue and lacquer spray sludge. Waste characterization for residue, sludge and filler scrappings outlined in a preceding paragraph for the Lenoir City Landfill is applicable. The landfill was closed in 1976. No further action is recommended for the Caldwell County Landfill on N. C. Highway 90 in Lenoir.

Five Singer Company/Furniture Division facilities were included on the ERRIS List via the Hazardous Waste Data Management System (HWDMS). Singer Company locations are listed above. According to the Singer Company Safety Engineering Manager, there has never been on-site burial or spills at any of the facilities. No further action is recommended for each of the Singer Company/Furniture Division Plants.

The SCM Corporation/Glidden Coatings and Resins Division notification involves a 1976 leak of 50,000 gallons of vinyl acetate after a spill of hydrochloric acid corroded an underground connecting pipe. Celanese Corporation owned the facility in 1976, which was purchased by SCM Corporation in 1977.

Celanese developed and implemented a remedial scheme, eventhough the property had been transferred to SCM. SCM contends that Celanese is responsible for remedial action and monitoring. The remedial plan has been plagued with problems, primarily related to the pumping well.

A 16 September 1980 status report indicates that water samples from the pump-out well and plant perimeter ground-water monitoring wells will be analyzed for organic contaminants and that results will be forwarded to N. C. Division of Environmental Management. DEM files contain monitoring data from July 1980 through May 1982 for biological and chemical oxygen demand, pH and heavy metals. Although the site has not been routinely monitored for priority pollutants, a 5 May 1980 Envirosience screening report shows the presence of benzene, toluene, 1,1-dichlorethane, 1,2-trans-dichloroethylene, methylene chloride and vinyl chloride. Whether the water sample was taken from the pumping well or monitoring well is unknown.

According to an SCM official in Ohio, SCM Corporation is preparing to file a complaint against Celanese Corporation. Due to impending litigation, SCM will not release information on the site to the N. C. Solid and Hazardous Waste Management Branch, or to the N. C. Division of Environmental Management.

The extent and source of soil and groundwater contamination is unknown. Laboratory analysis indicates there are sources of contamination in addition to the 1976 vinyl acetate leak. Notwithstanding the agreement with the N.C. Division of Environmental Management, a workable remedial action plan and monitoring program has not been implemented. A medium priority assessment is recommended for the SCM Corporation/Glidden Coatings and Resins.

Everhart Lumber Company was a wood treatment facility which ceased operation at the death of the owner in 1979. On 18 March 1983 vandals opened the valve to the tank and a mixture of pentachlorophenol and fuel oil flowed into a ditch leading to a drainage ditch along Hwy 70. Everhart family members pumped the mixture back into the tank during the three weeks following the spill.

On 14 March 1984 an EPA emergency response team from Edison, N. J. took sixteen (16) soil samples. Recommendations for remedial action and monitoring will be developed by EPA on scene coordinator Sue Fields based on laboratory analysis. A low priority assessment is recommended.

On 27 March 1984 the Department of Human Resources the Solid and Hazardous Waste Management Branch Chief O. W. Strickland, Senior Hazardous Waste Environmental Engineer William Meyer and 3012 Personnel reviewed each of the subject sites along with Natural Resources and Community Development Department representatives from the Water and Air Quality and Groundwater Sections. Each of the subject site recommendations was approved by the committee.

If you have any questions, please contact me.

Sincerely,



Lee Crosby, Chemist

Solid & Hazardous Waste Management Branch  
Environmental Health Section

LC:jj  
cc: O. W. Strickland  
Bill Meyer  
Jay Sauber  
Arthur Mouberry  
Dennis Ramsey  
Bill McClelland

Attachments



**POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
NC	NCD053490462

**II. SITE NAME AND LOCATION**

01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER			
Singer Company, Furniture Division		133 Charlotte Avenue			
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
Sanford	NC	27330	Lee	053	3
09 COORDINATES LATITUDE		LONGITUDE			
3 5 2 8 0 0 0		0 7 9 1 0 0 4 5			

10 DIRECTIONS TO SITE (Starting from nearest public road)  
Take old #1 south into Sanford (off of U.S. #1) Old #1 south 1 intersects with Charlotte Avenue. At the stop sign, turn left. The Singer facility is located on the left after crossing the railroad. (Map enclosed herein)

**III. RESPONSIBLE PARTIES**

01 OWNER (If known)		02 STREET (Business, mailing, residential)			
Singer Company		133 Charlotte Avenue			
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER		
Sanford	NC	27330	(919) 775-7211		
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER		
			( )		
13 TYPE OF OWNERSHIP (Check one)					
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					

**IV. CHARACTERIZATION OF POTENTIAL HAZARD**

01 ON SITE INSPECTION		BY (Check all that apply)			
<input type="checkbox"/> YES DATE ____/____/____ MONTH DAY YEAR <input type="checkbox"/> NO		<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)			
		CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one)		03 YEARS OF OPERATION			
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN RCRA Site		1938 BEGINNING YEAR    ENDING YEAR <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED  
The Singer Company is included on ERRIS via HWDMS which contains information on generators transporters and TDS facilities. The Part A permit application does not report any inactive TDS sites at the facility and a 27 February 1984 letter from the Singer Safety

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION  
Engineer states that there is no landfill on the property. Available EPA records, DHS files and company records do not indicate the presence of a hazardous waste site on Singer property or a potential hazard to the environment or population.

**V. PRIORITY ASSESSMENT**

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C. LOW (inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			

**VI. INFORMATION AVAILABLE FROM**

01 CONTACT		02 OF (Agency/Organization)		03 TELEPHONE NUMBER	
Dick McDonald		Singer Company		704 728-6741	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
O. W. Strickland		DHS	Solid & Haz. Waste Mgt. Br.	(919) 733-2178	3 / 14 / 84 MONTH DAY YEAR



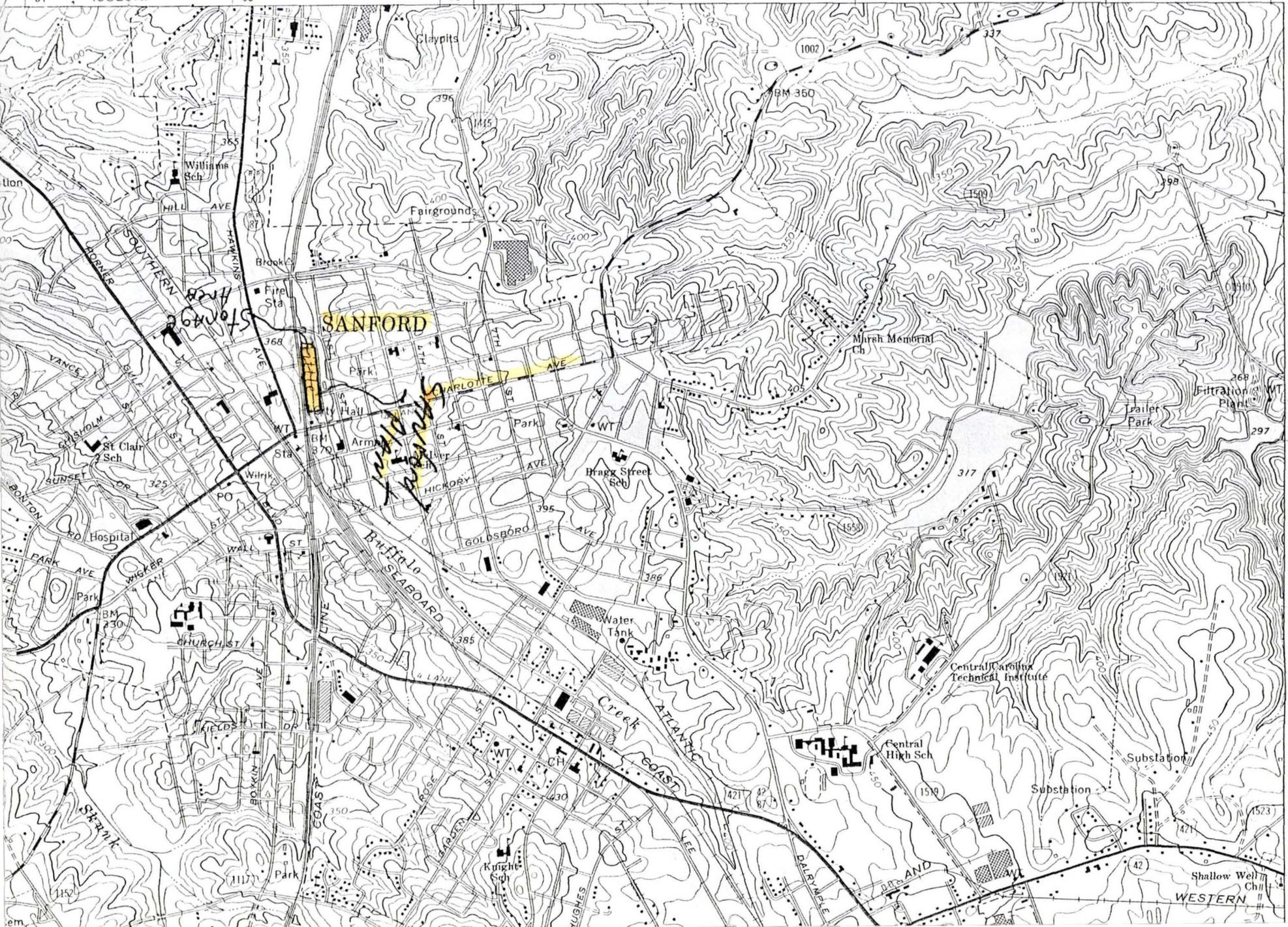
1974

N ↑

SANFORD QUADRANGLE  
NORTH CAROLINA—LEE CO.  
7.5 MINUTE SERIES (TOPOGRAPHIC)

5155 II SE  
(MONCUR)

664 5155 II SW (COLON) 665 10' 666 667 668 669 1 960 000 FEET 79° 07' 30" 35° 30'



3928  
630 000  
FEET

3927

BROADWAY 5 MI.  
LILLINGTON 19 MI.

**SINGER  
FURNITURE**

P. O. Box 1586  
Lenoir, North Carolina 28645

February 27, 1984

Ms. Lee Crosby, Chemist  
Department of Human Resources  
Solid & Hazardous Waste Management Branch  
Environmental Health Section  
P. O. Box 2091  
Raleigh, N.C. 27602-2091



Dear Ms. Crosby:

Subject: The Singer Company  
Furniture Division  
-Bryson City Plant, NCD098765506  
-Plant No. 1, NCD000604330  
-Plants 3, 4 & MH, NCD000604322  
-Plants 5, 6, 7 & CWH, NCD062568035  
-Washington Plant, NCD072012354  
-Sanford Plant, NCD053490462  
CERCLA NOTIFICATION

This information is in response to your recent request regarding the Cercla Notification of the subject locations.

Of the six locations referenced, may I say, only one, i.e., Plants 3, 4, and M.H., NCD000604322, has a former landfill site on the property. Each of the other five (5) locations do not have a landfill site on the property, but sent waste finishing material to county and/or city landfills. The directions I will be giving you in Item No. 5, following, will be on the Plant No. 3 property only.

Also, it is important to note that the Plant No. 3 site began as a Caldwell County and Lenoir City landfill in the 1950's. The property was purchased by Kent Coffey Furniture Company and Plant No. 3 was constructed in the early 1960's. The landfill then continued to serve only Kent Coffey. The property was transferred to Magnavox in the late 1960's and then to Singer in 1973. The plant on the property continued to use the landfill on the same property through the 1960's and 1970's. Furniture finishing

materials were no longer put into the landfill after 1976, although the landfill continued to be used for the various furniture trash such as furniture pieces, cartons, sawdust and the like. All use of the fill was discontinued in 1981.

Following is the information requested in your letter.

1. Safety Data Sheets -

Enclosed you will find a detailed waste characterization study done for our Part B permitting of the Plant No. 3 location. It will provide information on all of the finishing material used at the six referenced locations, since all plants use basically identical finishing material.

2. Quantities -

This can only be estimated based upon what we dispose of now in an average year, further adjusted downward due to lesser production needs, more conservative use of finishing materials prior to 1976, and lack of use of a high liquid waste producing print line prior to 1966. The figure given is a total solid and liquid waste in tons over the producing life of the facility up until 1976, at which time landfilling of hazardous wastes was discontinued.

---

Plant	Total Hazardous Wastes in Tons
Bryson City	465
Lenoir No. 1	1,113
Lenoir Nos. 3, 4 & MH	280
Lenoir Nos. 5, 6, 7 & CWH	563
Sanford Plant	795
Washington Plant (Chocowinity)	465

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3. Physical Condition -

The hazardous waste tonnage in No. 2 above took the form of solid finish material scrappings (from spray booth walls and floors), which would be in a dry dust and chip form, and liquid solvent wastes which are from clean-up operations

Page #3  
Ms. Lee Crosby  
February 27, 1984

with nonhalogenated hydrocarbons and in a 5% water, 20% solid and 75% solvent mixture. Solid and liquid wastes are collected separately.

4. Disposal Procedures -

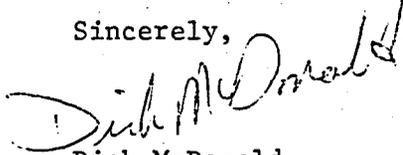
From discussions with persons involved with this type disposal during the period prior to 1976, the waste (both solid and liquid) was placed into 55 gallon drums and 5 gallon cans for transporting to the landfills. At the landfill it was either dumped out of the drums or cans onto the ground, or placed into the landfill in the drum or can if the container condition was poor. Some solid waste was also placed into cardboard containers and landfilled with the box.

5. Site Location -

The site on which is located the former landfill area is Plant No. 3 (NCD000604322). This site is located at 904 Virginia Street, S.W., Lenoir. Enclosed is a copy of the Lenoir City map, showing site location.

This information should supply you with all you need. If, however, you need additional information, please contact me.

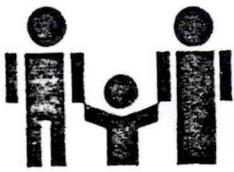
Sincerely,



Dick McDonald  
Safety Engineering Manager

bs

Enclosures



*Levine*

Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

February 7, 1984

Mr. Richard McDonald  
Engineer  
Singer Furniture Company  
Post Office Box 1588  
Lenoir, North Carolina 28645

RE: Singer Furniture Company

NCD098765506	Bryson City
NCD000604330	Lenoir
NCD000604322	Lenoir
NCD053490462	Sanford
NCD072012354	Chocowinity
NCD062568035	Lenoir

Dear Mr. McDonald:

This is to confirm our 6 February 1984 telephone conversation when we discussed Singer Furniture Company's 103(c) CERCLA notification to EPA. As requested I have enclosed ERRIS listings for Singer Furniture Company.

In summary I hope to receive from you pertinent safety data sheets and information regarding the quantities of materials discarded at each site, as well as the physical condition of the material and the procedures followed when the materials were discarded. I would also appreciate your including directions to each referenced Singer site.

This information will facilitate the processing of your company's file through the 3012 Program. If you have any questions, please contact me. I look forward to working with you on this project.

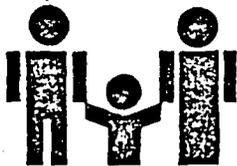
Sincerely,

*Lee Crosby*

Lee Crosby, Chemist

Solid & Hazardous Waste Management Branch  
Environmental Health Section

LC:jj



Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

July 21, 1983



Mr. Morris King  
Singer Furniture Division  
P.O. Box 40  
Sanford, NC 27330

RE: NCD053490462

Dear Mr. King:

On July 12, 1983 Mr. Larry Perry of the Solid and Hazardous Waste Management Branch conducted a RCRA inspection of your facility. The following violation was noted:

1. 262.34 - Accumulation log needed and ID numbers needed on waste drums.

A compliance date of August 1, 1983 was established.

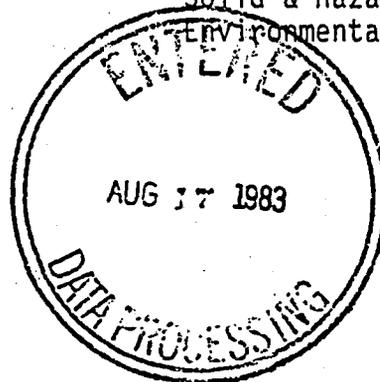
If you have any questions concerning this matter, please contact Mr. William Paige, Environmental Chemist at (919) 733-2178.

Sincerely,

O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

OWS:nlc

cc: Mr. Larry Perry





*ML 7/20/83*

Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

July 19, 1983

MEMORANDUM

TO: O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch

FROM: *LDP*  
Larry D. Perry, Waste Management Specialist  
Solid & Hazardous Waste Management Branch

SUBJECT: RCRA Annual Inspection - Generator  
Singer Furniture Division  
P.O. Box 40  
Sanford, N. C. 27330  
NCD053490462  
Contact - Morris King, Plant Engineer

On July 12, 1983, an RCRA inspection was made at the Singer facility. During this inspection, the facility was found to be in overall satisfactory condition. The only discrepancy found was:

262.34 - Accumulation log needed and ID numbers needed on waste drums.

A compliance date of August 1, 1983, was agreed to by management and inspector to correct this discrepancy.

LDP:ct

Attachments

RCRA INSPECTION REPORT

1. Singer Furniture Division  
P.O. Box 40  
Sanford, N. C. 27330  
NCD053490462
2. Morris King, Plant Engineer
3. Gregg Glass, Student, ECU  
Larry D. Perry, N. C. Hazardous Waste Management Branch
4. July 12, 1983
5. No Change
6. No Change
7. Facility is a furniture manufacturing facility. Wastes that are generated are solvents or lacquer thinners, F003 and F005. Also generated are solid paint residue (D001) that is scraped off the walls of the paint booths. A total of about 80,000 lbs. of waste is disposed of per year. The solvents/lacquer thinner are manifested to Oldover in Cascade, Va., for resource recovery. The solid waste or paint booth sludge is sent to Caldwell Systems in Lenoir and to Singer Plant #3 in Lenoir for incineration.
8. Discrepancy observed:  
  
262.34 - Accumulation log needed and Id numbers needed on drums.
9. Complaine date of August 1, 1983, agreed upon.

RCRA INSPECTION FORM

Singer Furniture NC 053 490 462 Lee  
 Name of Site EPA I.D. County  
Sanford, N.C. 7-12-83 J. Perry  
 Location Inspection Date Signature of Inspector(s)  
Aug. 1, 1980 \_\_\_\_\_  
 Compliance Date Signature of Facility Contact

INSTRUCTIONS: Place a check to indicate Compliance (C), NonCompliance (NC) or Not Applicable (NA). Cite specific violation by Section No.

GENERATOR STANDARDS (262.00)

	C	NC	NA	Violation(s)
1. GENERAL (.10-.12)	✓			
2. THE MANIFEST (.20-.23)	✓			
3. PRE-TRANSPORT REQUIREMENTS (.30-.34)	✓	✓		(262.34)
4. RECORDKEEPING/REPORTING (.40-.43)	✓			
5. SPECIAL CONDITIONS (.50-.51)			✓	

TRANSPORTER STANDARDS (263.00)

1. GENERAL (.11-.12)				
2. MANIFEST/RECORDKEEPING (.20-.22)				
3. HAZARDOUS WASTE DISCHARGES (.30-.31)				

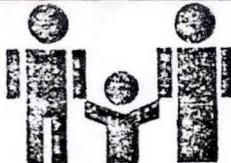
TSDF STANDARDS (265.00)

1. GENERAL (.1-.4)			✓	
2. GENERAL FACILITY STANDARDS (.10-.17)			✓	
3. PREPAREDNESS AND PREVENTION (.30-.37)	✓			
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES (.50-.56)	✓			
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (.70-.77)			✓	
6. GROUND-WATER MONITORING (.90-.94)			✓	
7. CLOSURE AND POST-CLOSURE (.110-.120)			✓	
8. FINANCIAL REQUIREMENTS (.140-.145)			✓	
9. USE AND MANAGEMENT OF CONTAINERS (.170-.177)				
10. TANKS (.190-.199)			✓	
11. SURFACE IMPOUNDMENTS (.220-.230)			✓	
12. WASTE PILES (.250-.257)			✓	
13. LAND TREATMENT (.270-.282)			✓	
14. LANDFILLS (.300-.315)			✓	
15. INCINERATORS (.340-.351)			✓	
16. THERMAL TREATMENT (.370-.382)			✓	
17. CHEM., PHYS./BIO. TREATMENT (.400-.406)			✓	
18. UNDERGROUND INJECTION (.430)			✓	

RCRA STATUS

GENERATOR  TRANSPORTER  TREATER  STORER  DISPOSER

IMMINENT HAZARD: YES  NO



NCD 053490462 ✓

Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTORDIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

March 1, 1982

Mr. Carl Brandon  
The Singer Furniture Division  
P.O. Box 40  
Sanford, NC 27330

Dear Mr. Brandon:

On February 8, 1982 Messrs. Larry Perry and Terry Dover of the Solid & Hazardous Waste Management Branch conducted a RCRA inspection of your facility. The following violations were noted:

1. (265.16) - Personnel training records must be updated.
2. (265.50-265.56) - Contingency Plan needed. Facility has a partial plan but needs to be put together and updated.

A compliance date of May 15, 1982 was established.

If you have any questions concerning this matter, please contact Mr. William Paige, Environmental Chemist at (919) 733-2178.

Sincerely,

U. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

OWS:nlc

cc: Mr. Larry Perry





Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

February 24, 1982

MEMORANDUM

TO: O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch

FROM: Larry D. Perry, District Representative *LDP*  
Solid & Hazardous Waste Management Branch

SUBJECT: Interim Status Inspection - Generator  
The Singer Furniture Division  
P. O. Box 40  
Sanford, NC 27330  
EPA I.D. #NCD053490462  
Contact: Carl Brandon, Plant Manager

On February 8, 1982, an inspection was made on the above named facility by Terry Dover and I. The facility had originally submitted a Part A as a storer of hazardous waste but had since changed their minds and preferred to delist as a storer but retain their generator status and I.D. number. A letter will be submitted to this office with reference to the delisting.

The facility was inspected on this date with emphasis on their compliance with the generator regulations (parts 262 and 265). The following violations of RCRA were noted on this date:

1. (265.16) - Personnel training records must be updated.
2. (265.50-265.56) - Contingency Plan needed. Facility has a partial plan but needs to be put together and updated.

A compliance date of May 15, 1982, was agreed to by inspectors and company management.

1

INSPECTION FORM FOR INTERIM STATUS STANDARDS FOR  
OWNER/OPERATOR OF HAZARDOUS WASTE MANAGEMENT  
FACILITIES

Singer Furniture NC D 053490462 Lie  
Name of Site EPA I.D. County

Sanford, N.C. Carl C. Brandon  
Location Signature of Facility Contact

2-8-82 Larry Perry  
Date Signature of Inspector(s)

INSTRUCTIONS: Place a check to indicate Compliance (C), NonCompliance (NC) or Not Applicable (NA). Cite specific violation by Section No.

	<u>C</u>	<u>NC</u>	<u>NA</u>	<u>Violation(s)</u>
1. GENERAL	—	—	—	—
2. GENERAL FACILITY STANDARDS	—	✓	—	(265.16)
3. PREPAREDNESS AND PREVENTION	✓	—	—	—
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES	—	✓	—	(265.56-58)
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING	✓	—	—	—
6. GROUND-WATER MONITORING	—	—	✓	—
7. CLOSURE AND POST-CLOSURE	—	—	✓	—
8. FINANCIAL REQUIREMENTS	—	—	✓	—
9. USE AND MANAGEMENT OF CONTAINERS	✓	—	—	—
10. TANKS	—	—	✓	—
11. SURFACE IMPOUNDMENTS	—	—	✓	—
12. WASTE PILES	—	—	✓	—
13. LAND TREATMENT	—	—	✓	—
14. LANDFILLS	—	—	✓	—
15. INCINERATORS	—	—	✓	—
16. THERMAL TREATMENT	—	—	✓	—
17. CHEMICAL, PHYSICAL, AND BIOLOGICAL TREATMENT	—	—	✓	—
18. UNDERGROUND INJECTION	—	—	✓	—

Compliance date of May 15<sup>th</sup> 1982.

YES                      NO  
 ( )                              X  
 Imminent hazard

-2

INSTRUCTIONS FOR FORM USAGE

The below instructions are applicable to Interim Status Inspection  
Forms Numbers \_\_\_\_\_

- Purpose: To provide information on the compliance status of facilities handling hazardous waste. A written summary will be developed from this data and forwarded to the facility.
- Preparation: A field inspector will prepare one copy of the appropriate inspection form(s) on each facility to be inspected. Information regarding county, name, address, and E.P.A. I.D. number may be completed prior to the site visit.
- Distribution: The field inspector should write a written summary and forward it to the below address within one week after the site visit.
- Mailing: Mr. O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section  
Department of Human Resources  
P.O. Box 2091  
Raleigh, North Carolina 27602
- Retention: It is recommended that the inspection report be retained as a part of a facilities permanent record.

Additional forms may be ordered from: Solid and Hazardous Waste Management Branch  
Environmental Health Section  
Department of Human Resources  
P.O. Box 2091  
Raleigh, North Carolina 27602



DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

*Kath*

Date: February 26, 1982

*Sanford*

Mr. Ollie Farnam  
Singer Corporation, Furniture Division  
P.O. Box 5337  
Roanoke, Virginia 24012

Re: Facility ID NO. NCD053490462

Dear Mr. Farnam:

Based on information supplied by you we have processed and accepted at the State level your request for the facility identified with the above ID number to receive the indicated change in classification under RCRA:

Add as

Delete as

generator

transporter

treater

storer

disposer

small generator

We are advising EPA of the change in your status. Please notify us if there is any further change in your operations which would again affect your status. Your EPA ID NO. is  is not  being cancelled.

Cordially,

*O. W. Strickland*

O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch  
Environmental Health Section

OWS

cc: John Herrmann  
EPA Region IV  
Emil Breckling





**SINGER**  
FURNITURE

P. O. Box 1588  
Lenoir, North Carolina 28645

November 8, 1983

Mr. Keith Lawson  
Solid and Hazardous Waste Management Branch  
Division of Health Services  
P. O. Box 2091  
Raleigh, North Carolina 27602

Subject: The Singer Company  
Furniture Division  
Sanford Plant  
Sanford, N. C.  
NCD053490462

Dear Mr. Lawson:

This facility is not operating as a hazardous waste treatment, storage and disposal (TSD) facility. Therefore, we do not wish to submit a Part B application.

We understand that we may continue operation as a generator of hazardous waste at the subject facility.

Sincerely,

A handwritten signature in cursive script that reads "G. L. Sykes".

Gerald L. Sykes  
Vice President/Controller

GLS/ew

cc: Dana Crump  
R. J. McDonald  
Mike Matthews  
Morris King

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

(fill-in areas are spaced for elite type, i.e., 12 characters/inch.)

FORM  
GENERAL



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**GENERAL INFORMATION**  
Consolidated Permits Program  
Read the "General Instructions" before starting.

I. EPA I.D. NUMBER  
F N C D 0 5 3 4 9 0 4 6 2  
7 2 0 1 2 3 5 4

II. LABEL ITEMS  
I. EPA I.D. NUMBER  
III. FACILITY NAME  
V. FACILITY MAILING ADDRESS  
VI. FACILITY LOCATION

000678  
RECEIVED  
PLEASE PLACE LABEL IN THIS SPACE  
SANFORD, NC

GENERAL INSTRUCTIONS  
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		YES	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas; or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY  
1 THE SINGER FURNITURE DIV. SANFORD

IV. FACILITY CONTACT  
A. NAME & TITLE (last, first, & title)  
2 BRANDON CARL PLANT MANAGER  
B. PHONE (area code & no.)  
9 1 9 7 7 5 7 2 1 1

V. FACILITY MAILING ADDRESS  
A. STREET OR P.O. BOX  
3 P.O. BOX 40  
B. CITY OR TOWN  
4 SANFORD  
C. STATE  
NC  
D. ZIP CODE  
2 7 3 3 0

VI. FACILITY LOCATION  
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  
5 MAIN STREET 133 A CHARLOTTE AVE 133 A CHARLOTTE AVE  
B. COUNTY NAME  
LEE  
C. CITY OR TOWN  
7 SANFORD  
D. STATE  
NC  
E. ZIP CODE  
2 7 3 3 0  
F. COUNTY CODE (if known)

VISIC CODES (4 digit, in order of priority)

A. FIRST		B. SECOND	
7 2, 5, 1, 1 (specify) Wooden Furniture (Case Goods)	7 (specify)	7 (specify)	7 (specify)
C. THIRD		D. FOURTH	
7 (specify)	7 (specify)	7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
THE SINGER COMPANY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other" specify)	D. PHONE (area code and no.)
FEDERAL STATE PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify) P (specify)	A 2 0 3 3 5 6 4 2 0 0

E. STREET OR PO BOX
10 STAMFORD FORUM

F. CITY OR TOWN	G. STATE	H. ZIP CODE	I. INDIAN LAND
STAMFORD	CT	0 6 9 0 4	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	(specify)
C. RCRA (Hazardous Wastes)	F. OTHER (specify)
9 R	(specify)

XI. MAP  
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)  
Manufacturer of furniture case goods, (dining room, bedroom and living room) including rough end, machining, sanding, assembly, finishing and warehousing

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Don Wise - Vice President of Mfg.	<i>Joseph A. Wise</i>	11/12/80

COMMENTS FOR OFFICIAL USE ONLY

<b>FORM</b> <b>3</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small>	<b>EPA I.D. NUMBER</b> F N C D 0 7 2 0 1 2 3 5 4
<b>RCRA</b>			7/1 11/14

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED <small>(yr., mo., &amp; day)</small>	53490462
23	24	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above:

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date):

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED. (use the boxes to the left)	YR.	MO.	DAY	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
8	80	11	01					
13	79 74	78 76	77 75		73 74	72 76	71 74	

**B. REVISED APPLICATION** (place an "X" below and complete item I above):

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES—CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE**—Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY**—For each code entered in column A enter the capacity of the process:

1. AMOUNT—Enter the amount.
2. UNIT OF MEASURE—For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided. Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	G	
GALLONS PER DAY	U	LITERS PER HOUR			

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks; one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C	DUP	T/A	E	1	12	13	14	15
---	-----	-----	---	---	----	----	----	----

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)					1. AMOUNT		2. UNIT OF MEASURE (enter code)		
X-1	S 0 2	600	G			5							
X-2	T 0 3	20	E			6							
1	S 0 1	4125	G			7							
2						8							
3						9							
						10							

**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code " "). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES:**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES:**

**1. PROCESS CODES:**

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

53490462

EPA I.D. NO. (enter from page 1)

S	T/A	C											
F	N	C	D	0	7	2	0	1	2	3	5	4	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

35 28 00 0

079 10 04 5

**VIII. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

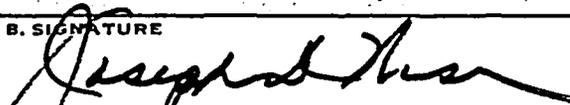
**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Don Wise - Vice President Mfg.

B. SIGNATURE



C. DATE SIGNED

11/12/80

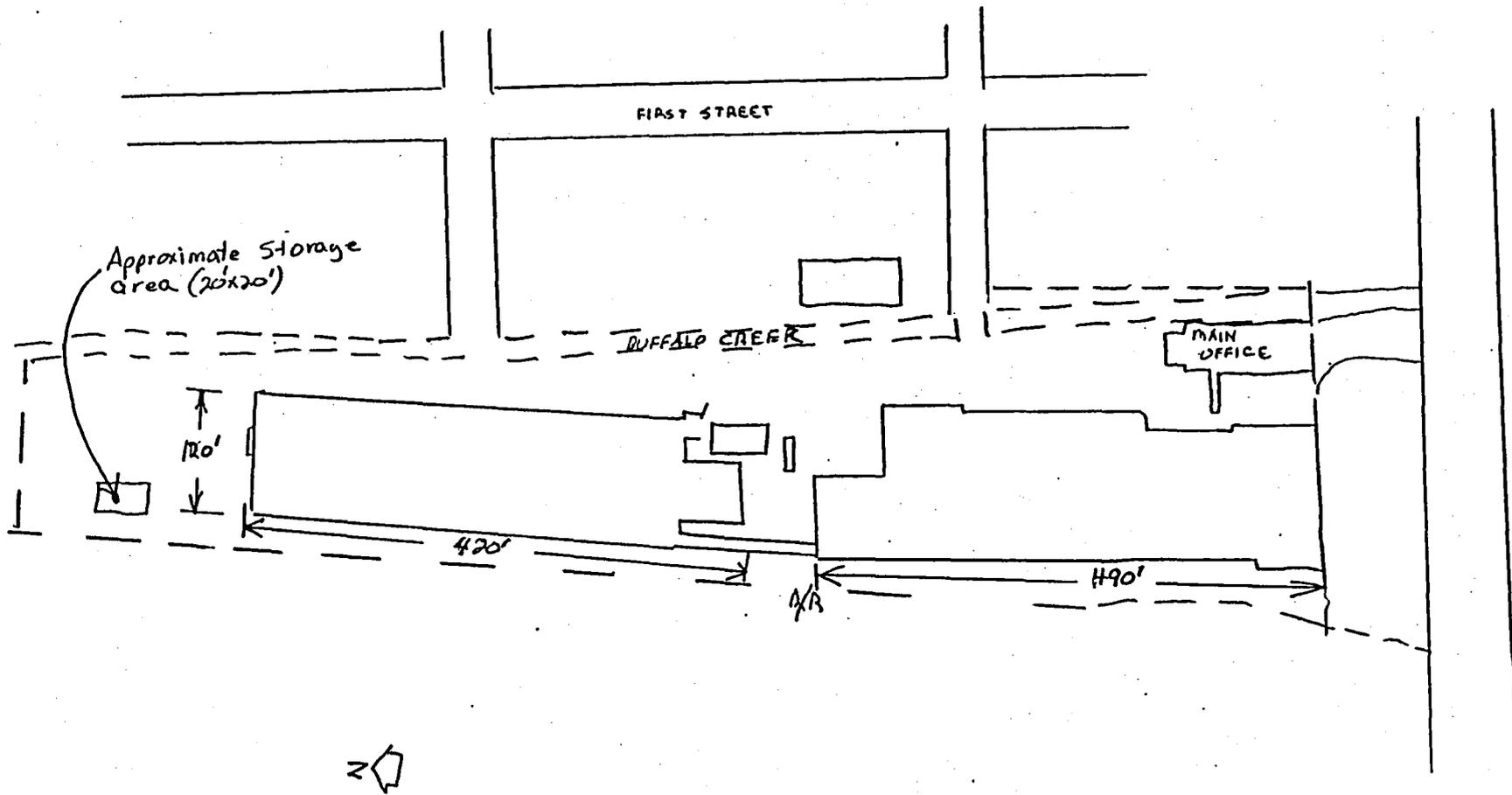
**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



SCALE 1" = Approx. 200'